

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 170Primary Registration District No. —Registrar's No. 8

FILED JAN 21 1963

## 1. PLACE OF DEATH

a. COUNTY Laclede

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWNELDRIDGE, TS

Length of stay in 1b

2 1/2 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTIONCedar Grove Nursing Home

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Millerc. CITY  
OR  
TOWN Ulman

Inside Limits

Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

Rural Route

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

WileyAlroidThornsberry4. DATE  
OF  
DEATH

Month

Day

Year

January 13, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/29/1878

## 9. AGE (last birthday)

84

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

farmer

## 10b. KIND OF BUSINESS OR INDUSTRY

—

## 11. BIRTHPLACE (City and state or country)

Brumley, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charley Thornsberry

## 13b. MOTHER'S MAIDEN NAME

Eliza Martin

## 14. NAME OF HUSBAND OR WIFE

Carrie Thornsberry

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Carrie Thornsberry Ulman, Missouri RR18. CAUSE OF DEATH (Enter only one cause per  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic myocarditisINTERVAL BETWEEN  
ONSET AND DEATHyears.Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1961 to 1-13-63 and last saw him alive on 1-8-63Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

B. B. Hurst M.D.

22b. ADDRESS

Lebanon, Mo.

22c. DATE SIGNED

1-14-6323a. BURIAL, CREMATION,  
REMOVAL (Specify)burial

23b. DATE

1/15/63

23c. NAME OF CEMETERY OR CREMATORY

New Hope Cemetery

23d. LOCATION (City, town, or county)

Kaiser, Missouri

(State)

24. FUNERAL DESIRED BY

Walter Hedges

ADDRESS

Camdenton, Missouri

25. DATE RECD. BY LOCAL REG.

1-14-1963

26. REGISTRAR'S SIGNATURE

Hella L. Ray

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Walter P. Hedger

Licensed Embalmer No. 4295

P. O. Address Camdenton, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN-handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 1-14-1963 W.S.M.